

Name In Full

Certificate of Death

Town Oakland County Garnett MARYLAND

Died at Oakland Month May Day 12 Y 25 M. D. Native of Id Occupation Housewife

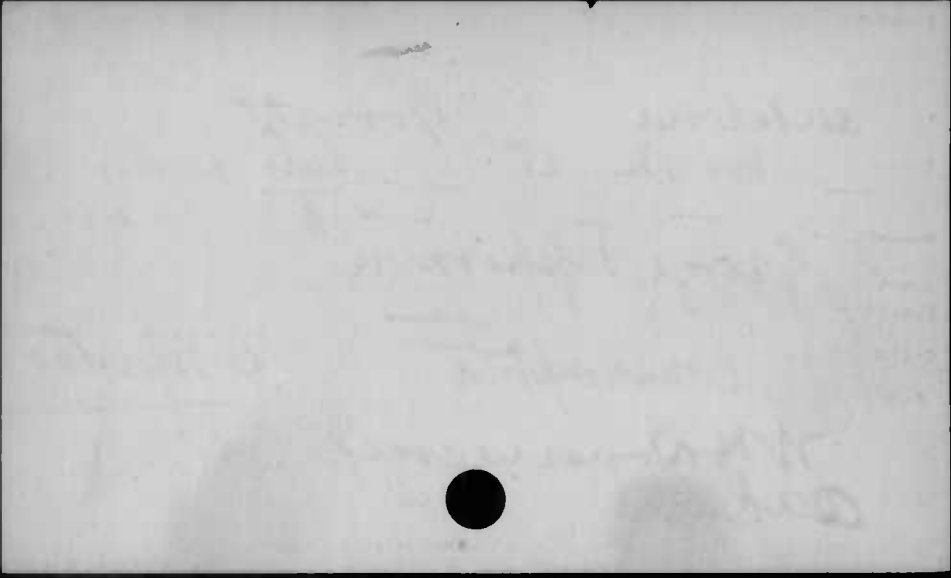
Male White Married Widow Divorced
Female Colored Single Widower Number of children living one

Husband of George Uppermon
 Wife George Uppermon
 Father's Name George Uppermon Mother's Name George Uppermon

Cause of Death { Primary Consumption 22a Immediate Consumption 22a } How long sick 6 months
Accident, Suicide, Homicide

Reported by W A Roverscroft M.D.
 Address Oakland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Unknown Body Buried in Col. Bunting

Ground Methodical
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 19	Month	Day	Age	Years	Months	Days	
Sex		Color or Race			Birth- place		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
In FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Unknown Body in col. Methodist Burial Ground

Town _____ County _____ MARYLAND

Died at _____

Date of death 19 _____ Month _____ Day _____ Age _____ Years _____ Months _____ Days _____

Sex _____ Color or Race _____ Birth-place _____

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

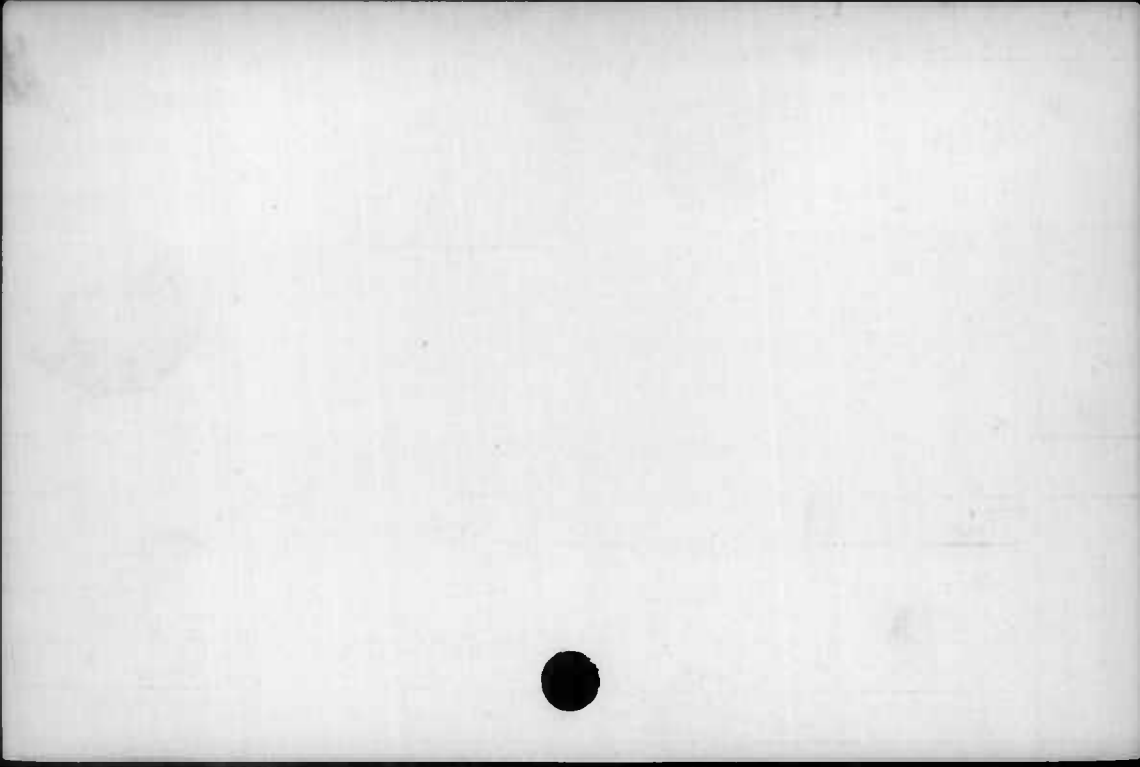
Primary _____ How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician _____

Address _____

Accident or Suicide? _____



Name
in
Full

Burrington Green
CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date
of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Unknown *Methodist* *Burial Fund*
 Town County MARYLAND
 CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 19

Month

Day

Years

Months

Days

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

In
Full

Methodist
 CERTIFICATE OF DEATH
Un/known *Body in col. Burying Ground*
 Town County MARYLAND

Died at

Date
of death 190

Month

Day

Years

Months

Days

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Reslding if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

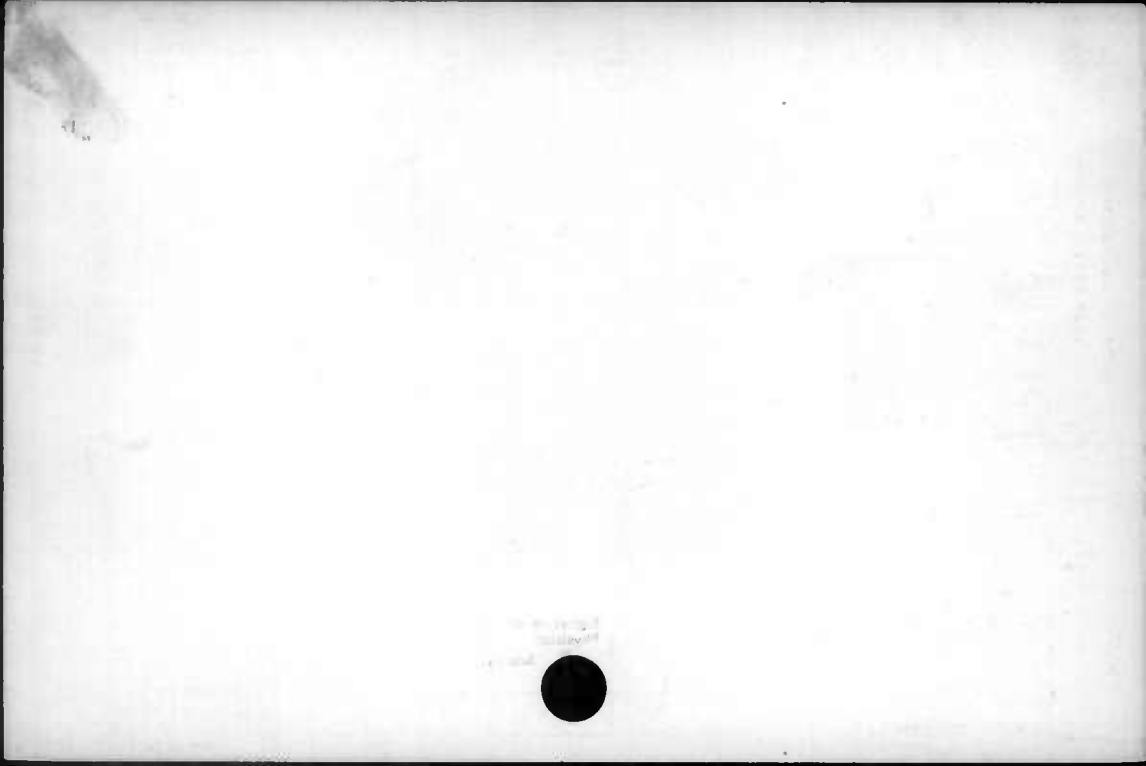
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Unknown *Body Buried in Mother's Home* *erl* **CERTIFICATE OF DEATH**
 Town County MARYLAND

Died at

Date
of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Unknown Boydy in col Methodist Burial Ground

CERTIFICATE OF DEATH
MARYLAND

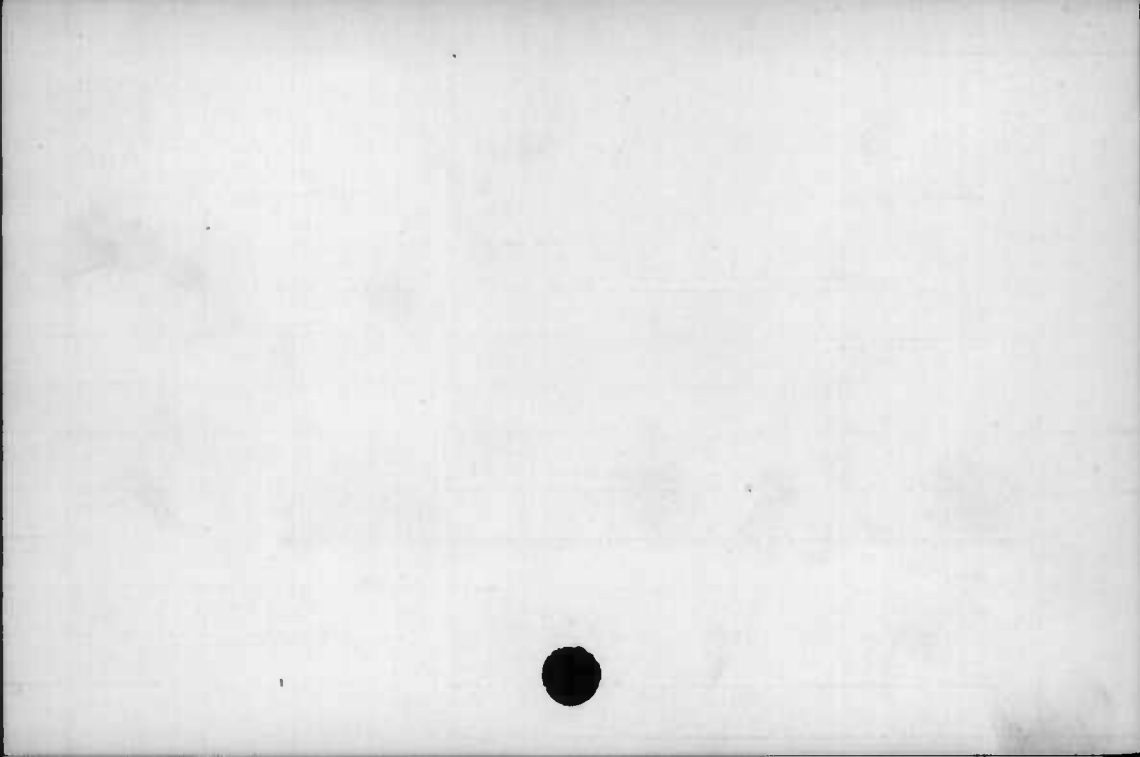
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County	
Date of death	19	Month	Day	Age	Years
Sex		Color or Race		Birthplace	
Occupation			Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



NAME
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unknown
Died at Hagerstown Washington County
MAYLAND
DATE of death 19 19 Month 1 Day 1 AGE 19 Years 1 Months 1 Days 1
Sex — Color or Race Colored Birth-place —
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —
Father's Name Not known Father's Birthplace Not known
Mother's Maiden Name " Mother's Birthplace "
Name of person giving Information S. B. Ford How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary — How long —
Immediate — How long —
Are the name, age, sex, color, date and place correctly given above? — Signature of Physician —
Address —
Accident or Suicide? —

Booked A. N.

NAME
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County} **MARYLAND**
DATE of death **19** ^{Month} ^{Day} ^{Years} ^{Months} ^{Days}
AGE
 Sex Color or Race Colored Birth-place
 Occupation Where Residing if not at place of death
 Married, Single or Widowed Name of Wife or Husband
 Father's Name Unknown Father's Birthplace Unknown
 Mother's Maiden Name Mother's Birthplace
 Name of person giving Information D. G. Ford How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long
 Immediate How long
 Are the name, age, sex, color, date and place correctly given above? Signature of Physician
 Address
 Accident or Suicide?



NAME
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County}
 DATE of death 19 — Month — Day — Years — Months — Days —
 AGE —
 Sex — Color or Race Colored Birthplace —
 Occupation — Where Residing If not at place of death —
 Married, Single or Widowed — Name of Wife or Husband —
 Father's Name Unknown Father's Birthplace —
 Mother's Maiden Name — Mother's Birthplace —
 Name of person giving Information J. E. Ford How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary — How long —
 Immediate — How long —
 Are the name, age, sex, color, date and place correctly given above? — Signature of Physician —
 Address —
 Accident or Suicide? —



NAME
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County} MARYLAND

DATE of death 19 Month Day AGE Years Months Days

Sex Color or Race Colored Birthplace

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Unknown Father's Birthplace

Mother's Maiden Name " " Mother's Birthplace

Name of person giving Information J. E. Ford How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address

Accident or Suicide?



NAME
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unknown
Died at Lagerstown ^{Town} Washington ^{County}
DATE of death 19 — Month — Day — Years — Months — Days
AGE —
Sex — Color or Race Colored Birthplace —
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —
Father's Name Not known Father's Birthplace Not known
Mother's Maiden Name " S. E. Ford " Mother's Birthplace " 7 "
Name of person giving Information S. E. Ford How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary — How long —
Immediate — How long —
Are the name, age, sex, color, date and place correctly given above? — Signature of Physician —
— Address —
Accident or Suicide? —

Dethel G.Y.

NAME
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unknown Town Hagerstown County Washtenaw MARYLAND

Died at DATE of death 19 Month Day AGE Years Months Days

Sex Color or Race colored Birthplace

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Not known Father's Birthplace Not known

Mother's Maiden Name " " Mother's Birthplace " "

Name of person giving Information S. E. Ford How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address

Accident or Suicide?

Portrait My

Name in Full

Certificate of Death

Mellie Tarnardale

Died at

S. P.

County

Balk

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	Aug	10	1	-	3	Wish Va	None
Male		White	Married		Widow	Divorced	
Female		Colored	Single		Widow	Number of children living	

Husband
of

—

Wife

—

Father's
Name

C. J. Tarnardale

Mother's
Name

82
Tarnardale

Cause of	Primary	How long sick
	Cholera Infantum	12 days
Death	Immediate	Accident, Suicide, Homicide
	Exhaustion	

Reported by

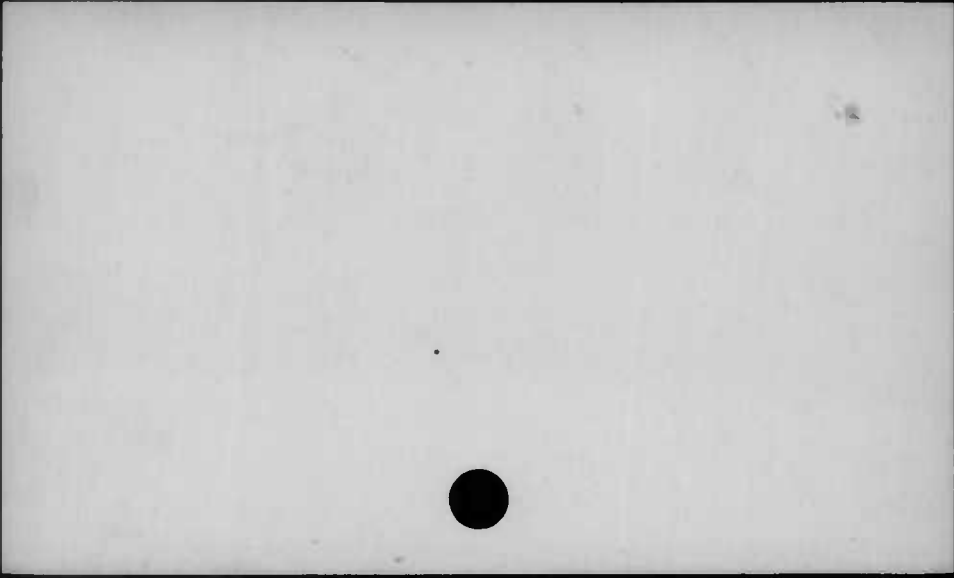
McDonnell M. B.

Address

Barrows Point Balk, Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79708



Name
in
Full

Catherine Vanlier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* Town *Washington* County **MARYLAND**
Date of death *190* Month Day Years Months Days

Age *Female* Sex *Colored* Color or Race *Unknown* Birthplace
Occupation

Where Residing if not
at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name in Full

Certificate of Death

Christian M. Vorrath

Town

County

Died at

Baltimore

MARYLAND

Date 1892 Dec. 4 | Age 1. 6. - | Native of American | Occupation none
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Andrea Vorrath

Mother's Name

Dora Vorrath

Cause of Death { Primary

Immediate

Cholera Infantum

How long sick

Accident, Suicide, Homicide

Reported by

Mrs. Jos. Blook

Address

1003 E. Balto St

removal from St Paul
Cemetery to Western
Cem

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from *Andrea Vorrath*

of *2020 Mary Anna St.*